

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38807

Registrar's No. 10106

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4219 Chouteau Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JOHN JAMES WILLMORE

3. (b) If veteran, name war _____ no _____
3. (c) Social Security No. _____ none _____

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 2, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator (Retired)

11. Industry or business:

MOTHER FATHER { 12. Name Henry W. Willmore
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Roberts
15. Birthplace Wales
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Willmore
(b) Address 4219 Chouteau Ave.
17. (a) Burial (b) Date thereof Nov. 22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director City Funeral Home Inc.
(b) Address 3029 Lafayette Ave.

19. (a) NOV 22 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4219 Chouteau Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
year 1948 hour 4 minute 02 P.M.

21. I hereby certify that I attended the deceased from 10/4/48 to 11/11/48,
that I last saw him alive on 11/11/48,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 10/45

Due to Atherosclerosis
Duration 10/45

Due to Senility
Duration 10/45

Other conditions: 92
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Dr. J. B. Laster (M. D. or other) MS
Address 5203 Chippewa St. Date signed 11/22/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

David Van Fossan.

Licensed Embalmer No. 4242

P. O. Address 3029 Lafayette Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.